



DEPARTMENT OF THE ARMY
HEADQUARTERS, U.S. ARMY ARMOR CENTER AND FORT KNOX
FORT KNOX, KENTUCKY 40121-5000

REPLY TO
ATTENTION OF:

Expires 31 May 2007

IMSE-KNX-PL (385)

31 May 2005

MEMORANDUM FOR

Commanders, All Units Reporting Directly to This Headquarters
Commanders, Fort Knox Partners In Excellence
Directors and Chiefs, Staff Offices/Departments, This Headquarters

SUBJECT: Thunderbolt Six Policy Memo No. 40-37 - Medical Support to Training

1. References:

- a. AR 385-63, Range Safety, 19 May 2003.
- b. Memo, HQ TRADOC, 13 December 1999, subject: Medical Support to Training Policy.
- c. TRADOC Reg 350-6, Enlisted Initial Training (IET) Policies and Administrations, Appendix M, 15 August 2003.
- d. Fort Knox Reg 385-22, Range Regulation (Training/Impact Areas), 1 December 2000.

2. The purpose of this policy is to outline the standard for medical support, in terms of personnel and equipment to training. My intent is to ensure the safety of all personnel in our training complex.

3. The minimum requirement for all training in the Fort Knox training complex is Combat Life Saver (CLS) with non-standard ground evacuation. Additionally, all units (including those external to Fort Knox) conducting any of the following training events in the Fort Knox training complex will support these events with 91W medics with Front Line Ambulance (FLA) coverage:

- a. MOUT.
- b. Grenade and Rocket Ranges.
- c. Live Fire and Maneuver (Mounted, Dismounted, or Combined).
- d. Night Infiltration Courses (Benavides).

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- e. Complex Maneuver (AOB/BOLC III Gauntlet, BNCOC FTX).
- f. Armor Gunnery and Indirect Live Fire.
- g. Convoy Live Fire Exercise.
- h. Demolitions.
- i. Railhead Operations.

4. Fort Knox employs an area support scheme for ground evacuation and 91W medic support in the training complex. The 1/16th Cav S-3, 1/16th Cav Medic Platoon Leader, and Range Control will review and validate the support plan at least 15 days before the event and review within 72 and 24 hours before execution. Medics are required to maintain redundant communications (FM, VHF, and Cell Phone) with Range Control and range OICs at all times. Medic assets (medic w/FLA) will occupy Range Control approved locations and be prepared to arrive at the site of injury at all ranges within their assigned area within 7 1/2 minutes of notification. On-site Medic support will be maintained for all Convoy Live Fire Exercises as well as for training at Benavides, Zussman, Cedar Creek, and Yano Range operations.

5. Medic support areas are as follow:

a. Area # 1:

- (1) CP37.
- (2) CP38.
- (3) Areas 8, 9, 10.

b. Area # 2:

- (1) Zussman.
- (2) Wilcox.
- (3) Reardon Hollow Demo.
- (4) TA 16, 17, 18.
- (5) Shoot House (FY06).

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c. Area # 3:

- (1) Benavides.
- (2) Ashley.
- (3) Christenson.
- (4) Boydson.
- (5) Kennedy.
- (6) Miller.
- (7) MFO.
- (8) Donnely.
- (9) Crain.
- (10) Choate.
- (11) Mill Creek Demo.

d. Area # 4:

- (1) St. Vith.
- (2) Hackett.
- (3) Baum.
- (4) TA 2, 3, 4.

6. Area coverage will be adjusted per changes in range conditions and Range Control will direct on-site coverage as required. External units must provide their own medical support on-site or request support during initial coordination with this installation at least 6 weeks before the training event. All training units (internal or external) utilizing Fort Knox 91W medic support are required to provide a licensed FLA driver.

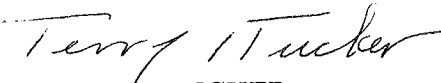
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7. The Ireland Army Community Hospital (IACH) will conduct quarterly inspections of each unit's medical aid and CLS bags to ensure proper maintenance. All TRADOC medics assigned to Fort Knox will attend Medical Proficiency Training (MPT) at IACH. Major Subordinate Commands (MSCs) will contact IACH to coordinate a schedule to accomplish this task. My intent is for each 91 series Soldier to spend at least 2 weeks each fiscal year working in the hospital.

8. Units will select eligible medical personnel to participate in Expert Field Medical Badge (EFMB) training. Units who do not have the ability to conduct this training will coordinate with those who do. Testing for the EFMB will be conducted at the nearest Army Medical Department certified Test Site.

9. Subject policy is designed to provide the most efficient and effective utilization of medic resources to save Soldiers lives whenever they commit themselves to realistic and challenging training. It provides an investment in trust, with all Soldiers, that the Army will look after its own when they face the inherent risks of their daily work.



TERRY L. TUCKER
Major General, USA
Commanding

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1 ea - CDRs, External Units Conducting Training w/in Fort Knox Complex

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